		•	·	1
		OARD OF HEALT	H State File No. 15-3	
1 DILCO OD DIDTU		TAL STATISTICS FICATE OF BIRTH	Registered No. 194	- ;
County Jila		State arizon		ļ
District or Township		or Village	<u></u>	
City Mami No	. (If hirth neer	erred in a homital or institution	St., Ward n, give its NAME instead of street and number)	j.
2. Full name of child Edith Wi	lma	Walton	{ If child is not yet named, make supplemental report, as directed.	
7 (in event of plural	riplet or other order of birth.	6. Legitimate?	7. Date of birth July 5, 1925	<u>،</u>
8. Full name Oan A A A A A A A A A A	O Oton	14. Full maiden name	i lang Man Aha ka	144
9. Residence (Usual place of abode)		15 Residence (Usual place of abode)	marin,	,
If non-resident, give place and state.	<u>g</u>	If non-resident, give	place and state. Urs	
10. Color or race	7	16 Color or race	0	
(au.' 11. Age at last birthday3	O_(Years)	Canc.	17. Age at last birthday. 3 b(Years)	
12. Birthplace (city or place) Hundal	<u>e</u>	18. Birthplace (city or pl	ace) Sweetwater,	
(State or country)		(State or country)	Teyas	•~
13. Occupation		19. Occupation		
Nature of industry Clertrician	_	Nature of industry	Vousewile	
نشا	Born alive an		21. Were precautions taken against oph- thalmia neonatorum?	·
		t now dead	yea	
CERTIFICATE OF I hereby certify that I attended the birth of this child, wi		PHYSICIAN OR MIDWII	et b C m, on the date above stated	
	<i>(</i>)	lorp alive or stillborn)	170 10	
When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Physicia	will. kg.	ĺ
Given name added from a supplemental report	Address)	niami.	Physician or midwife).	
Month, day, year 545 . 705 - 674	Filed Jul	2,30 1	C. E. Joven	
Régistrar	Filed	17	Registrar	; ;
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